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PTO/SB/21 (08-00)  
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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	<b>Application Number</b>	09/993322	
	<b>Filing Date</b>	November 6, 2001	
	<b>First Named Inventor</b>	Derry Roopenian	
	<b>Group Art Unit</b>	1632	
	<b>Examiner Name</b>	Qian (Janice) Li	
<b>Total Number of Pages in This Submission</b>	1	<b>Attorney Docket Number</b>	JMY-P01-002

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)  Reply to Restriction Requirement
<b>Remarks</b>		

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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

<b>Firm or Individual Name</b>	ROPES & GRAY Patricia Granahan - 32,227
<b>Signature</b>	<i>Patricia Granahan</i>
<b>Date</b>	March 13, 2003



PTO/SB/17 (10-02)  
Approved for use through 10/31/2002. OMB 0651-0032  
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<b>FEE TRANSMITTAL for FY 2003</b> <small>Patent fees are subject to annual revision.</small>		<b>Complete if Known</b>																																																																																																																																																																																																																																					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/993322																																																																																																																																																																																																																																				
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<b>METHOD OF PAYMENT</b> (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 18-1945 Deposit Account Name: Ropes & Gray The Commissioner is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		<b>FEE CALCULATION</b> (continued)																																																																																																																																																																																																																																					
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<b>SUBMITTED BY</b> Name (Print/Type) Patricia Granahan Registration No (Attorney/Agent) 32,227 Signature <i>Patricia Granahan</i> Date March 13, 2003		<b>Complete (if applicable)</b> Telephone (617) 951-7000 Date March 13, 2003																																																																																																																																																																																																																																					

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